Problem: There is limited time available for nurses to spend at the bedside due to inefficiencies in work systems contributing to medical errors and decreased staff and patient satisfaction.

Evidence: The Institute of Medicine released its report on To Err is Human in 1999 highlighting that 98,000 Americans die each year as a result of medical errors contributing an estimated $17-29 billion dollar loss to the economy. The Interdisciplinary Quality Research Initiative states that errors are on the rise despite the attention to the 1999 campaign.

Strategy: Implementation of the Robert Wood Johnson Foundation and Institute for Healthcare Improvement initiative titled Transforming Care at the Bedside. This program empowers the frontline staff to share in decision making and make rapid cycle tests of change to provide safe and reliable care, enhance vitality and teamwork, provide patient centered care, and eliminate waste and inefficiencies.

Practice Change: Presently twelve small tests of change are in progress. They include an improved handoff with the ED, bedside report, "five minutes for the patient", enhanced communication between physicians and staff, and staff recognition.

Evaluation: Each innovation has its own monitoring tool. Most are measured via unit HCAHPS scores.

Results: HCAHPS scores for all nursing indicators are above benchmark and continue to improve. Data collection is ongoing.

Recommendations: Successful innovations are shared throughout the Medical Center for unit based implementation.

Lessons Learned: Shared decision making enhances the work environment for all staff and has a direct effect on our patients and their satisfaction. Slow and steady progress has proven to help achieve sustainable outcomes.

Bibliography:


